



#7

PTO/SB/22 (10-00)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket No. (Optional) 414.037CIP/10007267										
In re Application of Arthur Duskow, et al.												
Application Number 09/767,902		Filed January 24, 2001										
For: METHOD OF AND APPARATUS FOR MEDIATING COMMON CHANNEL SIGNALING MESSAGE BETWEEN NETWORKS USING CONTROL MESSAGE TEMPLATES												
Group Art Unit 2643		Examiner Not Yet Assigned										
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%; border: none;"><tr><td style="width: 70%;"><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td style="width: 30%; text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Second and Third months (37 CFR 1.17(a)(3))</td><td style="text-align: right;">\$ 810.00</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td style="text-align: right;">\$ _____</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 06-2375 , under order no. 414.037CIP/10007267. I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p> <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p> <input checked="" type="checkbox"/> attorney or agent of record.</p> <p> <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p> Registration number if acting under 37 CFR 1.34(a) _____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="text-align: center;"><u>October 1, 2001</u> Date</div><div style="text-align: center;"> Signature Michael J. Strauss Typed or Printed Name</div></div> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____	<input checked="" type="checkbox"/> Second and Third months (37 CFR 1.17(a)(3))	\$ 810.00	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____											
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____											
<input checked="" type="checkbox"/> Second and Third months (37 CFR 1.17(a)(3))	\$ 810.00											
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____											
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____											
<input type="checkbox"/> _____ 1 _____ forms are submitted.												

~~10/04/2001 BABRAH1 00000027 09767902~~
~~01-FC-117 110.00 CH 810.00 OP~~

10/04/2001 BABRAH1 00000027 09767902

01 FC:117 110.00 CH 810.00 OP